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UNITED STATES DEPARTMENT OF AGRICULTURE
FARM SECURITY ADMINISTRATION
WASHINGTON

OFFICE OF THE ADMINISTRATOR

March 18, 1946

To: MEMBERS OF HOSPITAL ADMINISTRATORS' CORRESPONDENCE CLUB

From: Frederick D. Mott, M.D.

When I noticed that various members of the Club were having difficulties in sending out their contributions on the date designated, it occurred to me that I might submit my contribution for 1946 at this time, letting someone else take over my June date. There was naturally an element of self-interest in this idea, for I had a recently completed and rather timely item available for distribution. The idea met with Tony Rourke's approval, and so I am enclosing herewith my contribution for the year.

The booklet BETTER HEALTH FOR RURAL AMERICA was prepared for widespread distribution among farm and other rural leaders. There has been a tremendous demand from such persons, and from organizations and groups of all kinds interested in rural life, for materials of this general type. We tried to incorporate in this booklet most of what we have been able to learn about the problems of rural health in the past ten years. Any comments or criticisms from members of the Club will be appreciated. The various problems involved in improving health conditions among rural people are extremely complex and it will require the best thinking of all of us to find fundamental solutions in social actions which can be taken at all levels from the federal government to the rural community.

Enclosure



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PLAN OF ACTION*I. For maximum integration of health services into a comprehensive Farm Security Program

- A. The conferees shall at once return to meetings of regional staffs to report on the resolutions of this conference and to plan for maximum coordination of health activities into the over-all FSA rehabilitation program.
- B. Each family's rehabilitation plan shall include the following broad objectives:
 - 1. That every family in its farm and home planning make adequate provision for funds to meet health care expenses (1) on an individual basis and (2) where possible, by participation in a group prepayment plan, to the end that the total needs of the family be met
 - 2. That every family make provision in its farm and home planning for a safe water supply, sanitary waste disposal, insect and rodent control, satisfactory living space, and a safe farm and home environment
 - 3. That every family be instructed concerning available community health facilities and services and be urged to use them to the fullest extent
 - 4. That methods be developed for the understanding and adoption of improved health practices among borrower families in their homes and communities
- C. There shall be continuing training of all FSA personnel to a better appreciation of the relation of health to rehabilitation through:
 - 1. The regular regional, State, and district staff conferences
 - 2. Personal contacts with field workers
 - 3. Induction training schools, workshop clinics, and the like
 - 4. Participation in training schools for County FSA Committees
 - 5. Participation in health meetings of other agenciesthereby establishing means and schedules for carrying these objectives into county programs of work.
- D. Finally, to implement all such action, the Administrator should prepare a statement of policy emphasizing the role of health in family rehabilitation; and such policy should be directed to every field level.

* Adopted by National Conference of Regional Health Services Staff, FSA, Washington, D. C. - March 1, 1946

II. For achievement of an optimum rural health program

- A. Full cooperation with existing agencies that provide health and welfare services, and constant maintenance of active calendars which list such local services shall be undertaken.
- B. FSA-sponsored group prepayment medical care plans for farm families shall be strengthened and extended by:
 - 1. Expansion into multi-county or state-wide plans
 - 2. Extension of eligibility to all rural families
 - 3. More active participation by the membership in the administration of the plans
 - 4. Development of plans offering more inclusive services.
- C. The utilization of Blue Cross, medical society, or other non-profit voluntary plans shall be undertaken if and when:
 - 1. They pay due regard to the principle of ability to pay
 - 2. They give recognition to the relative degree of usage of services by farm families
 - 3. They take into consideration savings on acquisition costs.
 - 4. No membership in a private organization is a pre-requisite of participation
 - 5. Services are satisfactory in quality and quantity
 - 6. Every effort is made to develop and strengthen participating consumer groups when using these plans
- D. The mobilization of public opinion toward achieving the expansion of public health departments and the establishment of better state health legislation shall be stimulated.
- E. It is recommended to federal health agencies that they institute further research and educational programs on how adequate health services can be brought to all farm people, and:
 - 1. That they supply technical consultants when requested by local and other committees
 - 2. That they make available additional technical information for field use
 - 3. That the United States Public Health Service in particular set up a clearing-house through which available health personnel may be directed to needy areas; and that the USPHS also seek funds to implement doctors' incomes in economically depressed areas

F. Everything possible shall be done to acquaint rural people with the principles and purposes of the National Health Program as proposed by the President to meet best the rural needs for:

1. Adequate hospitals and health centers
2. Sufficient health personnel
3. Community-wide health and welfare services
4. A system of comprehensive medical care on a prepayment basis
5. Extension of medical research and education

G. Finally, to implement all the foregoing action resolutions, there should be established in the Department of Agriculture an over-all Office of Rural Health directly responsible to the Secretary. This Office might function in the following manner:

1. The declaration of a definite national health policy for USDA
2. The transmittal of this policy to every Departmental agency and to every level of administration
3. The promotion of coordination of all agricultural agencies at the regional and state levels for the formulation of plans to put this policy into effect, through regional and state health workers
4. The full utilization of USDA County Councils
5. Stimulation and direction by these County Councils of the widest possible community organization and action in regard to the improvement of rural health
6. The provision by the USDA of a steady flow of useful and current information to all field levels, and the assurance of the availability of technical consultants whenever requested.

III. For continuation of research into problems of rural health and medical care

Experimental plans must be continued for this purpose. In order to increase the value of experimental programs, the following actions will be taken:

- A. Work toward adequate public health services in every county in which these programs operate through local, state, and federal health agencies. These public health services should be closely integrated with the operation of the experimental programs.
 - B. Take immediate steps to improve the quality and scope of the health services provided.
 - C. Establish community pride in the experimental programs by better community organization, by health education, and by keeping the membership fully informed of program operations, utilizing additional administrative funds for these purposes if necessary.
 - D. Continued review and study of the basis of family contributions, fee schedules, administrative techniques, professional agreements, membership acquisition, and other operational techniques.
 - E. Planning for future operation must be done sufficiently in advance to avoid any disruption of the continuity of the programs.
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